

From The Desk Of
Mr. Juan Hernandez 94A5040
Queensboro Corr. Fac.
47-04 Van Dam Street
Long Island City, NY 11101

USDC SDNY
DOCUMENT
ELECTRONICALLY FILED
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DATE FILED: 3/21/16

March 11, 2016

Docket file

United States District Court:
Southern District Of New York
500 Pearl Street
New York, NY 10007
Attn: Hon. Sidney H. Stein

RE: Hernandez v. Goord etal 01 CV 9585(SHS)

Dear Judge Stein,

Please pardon my intrusion and allow me a few moments of your time. I am writing to respectfully request the Court help in my being able to collect the complete jury award.

It appears from the voucher that the Attorney General's Office has sent to me, only reflects the amount the jury awarded for defendant Douglas Williams (i.e. \$25,002).

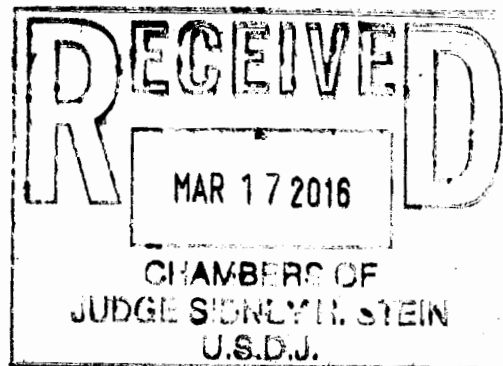
There was also a defendant Robert B.J. Smith who was also a New York State Employee that the jury in the case found guilty. Where the jury awarded (i.e. \$15,001). This amount is not reflected in the States voucher that was recently sent to me. (see attached).

I have written to the Albany Attorney General's Office with these concerns as well. (see also attached letter dated 3/11/16).

Being that I don't have an attorney assigned in this case, I have written to the Court.

Respectfully

Mr. Juan Hernandez
Mr. Juan Hernandez



From The Desk Of
Mr. Juan Hernandez 94A5040
Queensboro Corr. Fac.
47-04 Van Dam Street
Long Island City, NY 11101

March 11, 2016

State Of New York
Office of The Attorney General
The Capital
Albany, NY 12224-0341
Attn: Nicole Dunbar
Administrative Assistant Trainee 2

RE: Hernandez v. Goord, et al.,
USDC/SDNY, 01CV9585(SHS)

Dear Ms. Dunbar,

I am the above Mr. Juan Hernandez 94A5040 writing in response to your letter dated 3/7/16. Which provided me with an incorrect, and inaccurate New York State standard voucher. The enclosed voucher indicates that the amount is for \$25,001.00. This according to the Court files is incorrect and an inaccurate amount.

The Court records accurately show that there were two verdicts against New York State employees. (1). Robert B.J. Smith in the amount of \$15,001, on May 9, 2014, and (2). Douglas Williams in the amount of \$25,001.00. Thus totalling \$40,002.00, and ordering interest.

Then on August 14, 2014 the Court applied \$2,000. from the Court's Judgment, to be added to the fees award. Thus the correct amount is \$38,002 plus intrest.

Now getting back to the intrest according to Federal Rules Of Appellate Procedure Rule 37 Intrest on Judgment.

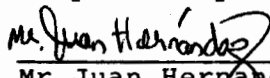
From the date of entry of the judgment, which your letter indicates as August 14, 2014 is an incorrect dated according to the court's docket sheet.

There should be intrest on \$40,002 from the date of the verdict to 8/14/14, then intrest on \$38,002 until the whole judgment is satisfied completely.

I trust that your office will forward a true and accurate New York State voucher in the correct amount, to be signed and returned to your attention forthwith.

In conclusion, thank you in advance for your time and attention in the above mentioned matters.

Respectfully


Mr. Juan Hernandez

cc: Hon. Judge Sidney H. Stein (S.D.C.J.)



STATE OF NEW YORK
OFFICE OF THE ATTORNEY GENERAL

ERIC T. SCHNEIDERMAN
ATTORNEY GENERAL

DIVISION OF STATE COUNSEL

March 7, 2016

Juan Hernandez, DIN# 94A5040
Queensboro Correctional Facility
47-04 Van Dam St.
Long Island, New York 11101

RE: Hernandez v. Goord, et al., USDC/SDNY, 01-CV-9585 (SHS)

Dear Mr. Hernandez:

Enclosed please find a New York State standard voucher, in the amount of \$25,001.00, for payment to you, to be signed by you, in full satisfaction of any and all claims, costs, disbursements, and legal fees, with reference to the above matter.

Please fill in No. 3 at top of voucher with your Social Security Number. Kindly sign and date the voucher at No. 7. Please do not fill in any other section. Please do not enter any monetary amounts in any other section (see enclosed instructions). Return the executed voucher to my personal attention.

Please fill in all required fields in the Substitute W-9 form. See attached instructions.

Please be advised that payment of this voucher, pursuant to Public Officers Law Section 17, is contingent upon concurrence by the Attorney General in the certification by the Acting Commissioner and the audit and warrant of the State Comptroller.

Please note that the check will be sent to the address shown on the voucher. Thank you for your assistance.

Very truly yours,

A handwritten signature in black ink, appearing to read "Nicole Dunbar".

Nicole Dunbar
Administrative Assistant Trainee 2

Enclosure

AC92 (Rev. 6/94)

State
Of
New YorkSEE INSTRUCTIONS BEFORE COMPLETING
STANDARD VOUCHER

Voucher Number

① Originating Agency (limit to 30 spaces)		Orig. Agency Code		Interest Eligible (Y/N)		② P-Contract	
Payment Date (MM/DD/YY)			OSC Use Only		Liability Date (MM/DD/YY)		
③ Payee ID		Additional	Zip Code	Route	Payee Amount		MIR Date (MM/DD/YY)
④ Payee Name (limit to 30 spaces) Juan Hernandez 94A5040				IRS Code		IRS Amount	
Payee Name (limit to 30 spaces)				Stat. Type	Statistic	Indicator-Dept.	Indicator-Statewide
Address (limit to 30 spaces) Queenboro Corr. Facility				⑤ Ref/Inv. No. (Limit to 20 spaces)			
Address (limit to 30 spaces) 47-04 Van Dam St.				Ref/Inv. Date (MM/DD/YY)			
City (Limit to 20 spaces)		(Limit to 2 spaces)→	State	Zip Code			
Long Island			NY	11101			
⑥ Purchase Order No. and Date	Description of Material/Service If items are too numerous to be incorporated into the block below, use Form AC 93 and carry total forward.			Quantity	Unit	Price	Amount
	RE: Hernandez v. Goord, et al., USDC/SDNY, 01-CV-9585 (SHS) Payment of \$108,356.50, plus interest pursuant to 28 USC 1961 from one hundred and twenty (120) days of August 14, 2014, unless the provisions of Executive Law §632-a apply to the plaintiff and the payment hereunder constitutes "funds of a convicted person" under the Son of Sam Law, in which event, the one hundred and twenty (120) day period shall be extended by an additional thirty (30) days to allow for compliance with that law, to date of payment in full satisfaction of any and all claims, costs, disbursements, and legal fees as follows: \$84,355.99 to Weil, Gotshal & Manges, LLP, attorneys for the plaintiff, and \$24,001.00 to Juan Hernandez, plaintiff						\$24,001.00

⑦ Payee Certification

I certify that the above bill is just, true and correct; that no part thereof has been paid except as stated and that the balance is actually due and owing, and that taxes from which the State is exempt are excluded.



Payee's Signature in Ink

Title

Date

Name of Company

Total

Discount %

Net

FOR AGENCY USE ONLY

STATE COMPTROLLER'S PRE-AUDIT

Merchandise Received

I certify that this voucher is correct and just, and payment is approved, and the goods or services rendered or furnished are for use in the performance of the official functions and duties of this agency.

Date

Page No.

By

Authorized Signature in Ink

Date

Title

Verified

Audited

Special Approval
(as Required)CERTIFIED
FOR PAYMENT OF
TOTAL AMOUNT

By

Expenditure

Liquidation

Cost Center Code				Object	Accum		Amount	Orig. Agency	PO/Contract	Line	F/P
Dept	Cost Center Unit	Var	Yr		Dept	Statewide					

Distribution: Original to OSC with Copy to Agency/Department and Payee

☐ Check if Continuation form is attached.

NOTICE TO VENDORS OF SALES TAX EXEMPTION

This sheet may be retained by vendor and can be presented as proof of exemption from New York State and local sales taxes.

INSTRUCTIONS TO VENDORS PREPARING VOUCHERS

The numbered paragraphs below refer to the numbered blocks on the face of this form, which are to be completed.

Notice to vendors: Do not complete any blocks other than the following.

1. Originating Agency:

Insert name of State Department, Agency or institution being billed, as shown at the top of the Purchase Order.

2. P-Contract:

Enter here the P-Contract Number, if any, under which the purchase is made, e.g. P010966. Do not use hyphens or spaces.

NOTE: TO AVOID PROBLEMS WITH IRS, FOLLOW INSTRUCTIONS FOR BLOCKS 3 AND 4 CAREFULLY.

3. Payee I.D./Additional/Zip Code:

Enter your Federal Employer Identification Number (EIN). If you do not have an EIN, enter your Social Security Number. Do not use hyphens or spaces.

If you were assigned a Payee Additional Code by New York State, enter this in the box marked 'Additional'. Enter your nine position 'Zip+4' in the adjacent block only if you have been assigned an Additional Code.

4. Payee Name and Address:

For individuals or sole proprietors, enter your name (exactly as it appears on your Social Security card) in the first Payee Name block. If there is a business name or DBA, Enter that information in the second Payee Name block.

Corporations, partnerships and tax exempt organizations should enter the name of the entity (exactly as registered with the Federal government) that corresponds to the EIN entered in Block 3.

Enter your proper mailing address conforming to U.S. Postal Standards. Include either your five-position zip code or your Zip+4 in your address.

5. Ref./Inv. No.:

Enter a reference number, invoice number, or other information. This information WILL APPEAR ON THE CHECK STUB and will identify the payment. Do not exceed 30 characters including letters, numbers, spaces, commas, etc. The check stub issued to you will contain the information you furnished in this block, and may be compared to this copy of the voucher, which you will detach and keep. Enter the corresponding reference/invoice date in the block below the Ref./Inv. No. block.

6. Description of Material/Service:

Enter all pertinent information required by the specific column headings. Extend calculations into "Amount" column.

VENDOR'S OPTION:

Any company that has its own invoice or bill form may refer to it by number or other identification in the Ref./Inv. No. block. In addition, write "See Invoice Attached" in the description block, and show the total in the "amount" column. Attach invoices in duplicate to this voucher.

7. Payee Certification:

Clearly indicate the title of the person signing for the payee, e.g., sole owner, partner, treasure, bookkeeper, billing clerk, etc.

AC 3237-S (Rev. 4/15)



NEW YORK STATE OFFICE OF THE STATE COMPTROLLER
SUBSTITUTE FORM W-9:
REQUEST FOR TAXPAYER IDENTIFICATION NUMBER & CERTIFICATION

TYPE OR PRINT INFORMATION NEATLY. PLEASE REFER TO INSTRUCTIONS FOR MORE INFORMATION.

Part I: Vendor Information

1. Legal Business Name:	2. Business name/disregarded entity name, if different from Legal Business Name:
3. Entity Type (Check one only):	
<input type="checkbox"/> Individual Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Co. <input type="checkbox"/> Corporation <input type="checkbox"/> Not For Profit <input type="checkbox"/> Trusts/Estates <input type="checkbox"/> Federal, State or Local Government <input type="checkbox"/> Public Authority <input type="checkbox"/> Disregarded Entity <input type="checkbox"/> Other _____	
<input type="checkbox"/> Exempt Payee	

Part II: Taxpayer Identification Number (TIN) & Taxpayer Identification Type

1. Enter your TIN here: (DO NOT USE DASHES) See instructions.	<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div>
2. Taxpayer Identification Type (check appropriate box):	
<input type="checkbox"/> Employer ID No. (EIN) <input type="checkbox"/> Social Security No. (SSN) <input type="checkbox"/> Individual Taxpayer ID No. (ITIN) <input type="checkbox"/> N/A (Non-United States Business Entity)	

Part III: Address

1. Physical Address:	2. Remittance Address:
Number, Street, and Apartment or Suite Number	Number, Street, and Apartment or Suite Number
City, State, and Nine Digit Zip Code or Country	City, State, and Nine Digit Zip Code or Country

Part IV: Certification and Exemption from Backup Withholding

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (TIN), and
- I am a U.S. citizen or other U.S. person, and
- (Check one only):

☐ I am not subject to backup withholding. I am (a) exempt from back up withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, or
☐ I am subject to backup withholding. I have been notified by the IRS that I am subject to backup withholding as a result of a failure to report all interest or dividends, and I have not been notified by the IRS that I am no longer subject to back withholding.

Sign Here:

_____ Signature	_____ Title	_____ Date
_____ Print Preparer's Name	_____ Phone Number	_____ Email Address

Part V: Vendor Primary Contact Information – Executive Authorized to Represent the Vendor

Primary Contact Name: _____	Title: _____
Email Address: _____	Phone Number: _____

DO NOT SUBMIT FORM TO IRS — SUBMIT FORM TO NYS ONLY AS DIRECTED

NYS Office of the State Comptroller
Instructions for Completing Substitute Form W-9

New York State (NYS) must obtain your correct Taxpayer Identification Number (TIN) to report income paid to you or your organization. NYS Office of the State Comptroller uses the Substitute Form W-9 to obtain certification of your TIN in order to ensure accuracy of information contained in its payee/vendor database and to avoid 'backup withholding.'¹ We ask for the information on the Substitute Form W-9 to carry out the Internal Revenue laws of the United States. You are required to give us the information.

Any payee/vendor who wishes to do business with New York State must complete the Substitute Form W-9. Substitute Form W-9 is the only acceptable documentation. We will not accept IRS Form W-9.

Part I: Vendor Information

1. **Legal Business Name:** For individuals, enter the name of the person who will do business with NYS as it appears on the Social Security card or other required Federal tax documents. An organization should enter the name shown on its charter or other legal documents that created the organization. Do not abbreviate names.
2. **Business name/disregarded entity name, if different from Legal Business Name:** Enter your DBA name or another name your entity is known by.
3. **Entity Type:** Check the Entity Type doing business with New York State.

Part II: Taxpayer Identification Number (TIN) and Taxpayer Identification Type

The TIN provided must match the name in the "Legal Business Name" box to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, refers to IRS W-9 instructions for additional information. For other entities, it is your employer identification number (EIN). If you do not have a number or if the account is in more than one name, refer to IRS W-9 instructions for additional information.

1. **Taxpayer Identification Number:** Enter your nine-digit Social Security Number, Individual Taxpayer Identification Number (ITIN) or Employer Identification Number (EIN).
2. **Taxpayer Identification Type:** Check the type of identification number provided.

Part III: Address

1. **Physical Address:** Enter the location of where your business is physically located.
2. **Remittance Address:** Enter the address where payments should be mailed.

Part IV: Certification and Exemption from Backup Withholding

Check the appropriate box indicating your exemption status from backup withholding. Individuals and sole proprietors are not exempt from backup withholding. Corporations are exempt from backup withholding for certain types of payments. Refer to IRS Form W-9 instructions for additional information. The signature should be provided by the individual, owner, officer, legal representative, or other authorized person of the entity listed on the form. Certain exceptions to the signature requirement are listed in the IRS instructions for form W-9.

Part V: Vendor Primary Contact Information

Please provide the contact information for an executive at your organization. This individual should be the person who makes legal and financial decisions for your organization.

¹ According to IRS Regulations, OSC must withhold 28% of all payments if a payee/vendor fails to provide OSC its certified TIN. The Substitute Form W-9 certifies a payee/vendor's TIN.